Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. United American Veterans PAC PO Box 1474 ADDRESS (number and street) (Check if address is changed) **Tallevast** 34270 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Unavpac@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) Unavpac.com (Check if address is changed) DATE 2018 C00656942 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Monville, Bryan, James, , Type or Print Name of Treasurer Monville, Bryan, James, , [Electronically Filed] 06 15 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF C	COMMITTEE e Committee:			
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
Name of Candidate				
Candidate Party Affiliation	Office Sought: House Senate President District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Com	nmittee: (National, State (Democratic,			
(d)	This committee is a committee of the committee of the committee of the committee is a committee of the commi			
Political A	action Committee (PAC):			
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is			
	Corporation Corporation w/o Capital Stock Labor Organization			
	Membership Organization Trade Association Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.			
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint Fund	draising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political			
	committees/organizations, at least one of which is an authorized committee of a federal candidate.			
(b)				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
ш				
ш	committees/organizations, none of which is an authorized committee of a federal candidate.			
	committees/organizations, none of which is an authorized committee of a federal candidate. mittees Participating in Joint Fundraiser			
Com	committees/organizations, none of which is an authorized committee of a federal candidate. Implication in Joint Fundraiser			

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Write or Type Committee Name		
United America	n Veterans PAC	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
		_
Mailing Address		
	CITY STATE	ZIP CODE
	CITY STATE	LIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lear	dership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in poss	session of committee
	Daniel, Robinson, ,	1
Full Name	5638 Colonial Oaks BLVD	
Mailing Address		
	Sarasota , FL , 34232	
Title or Position	CITY STATE 2	ZIP CODE
VP/ DoC		219 - 3162
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nan assistant treasurer).	ne and address of
Full Name Monville, E	Bryan, James, ,	
Mailing Address	5090 Barrington Cir	
	Sarasota FL 34234	
Title or Position	CITY STATE Z	ZIP CODE
President/ Tresurer		118 - 3303

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Full Name of Designated Agent Holb	orook, Daniel, Robinson, ,					
Mailing Address	5638 Colonial Oaks Blvd					
	Sarasota , FL ,	,34232				
	CITY STATE	ZIP CODE				
Title or Position Asst. Tresurer	Telephone number	101 - 219 - 3162				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
We	ells Fargo					
Mailing Address	6076 North Lockwood Ridge Rd					
	Sarasota FL	34234				
	CITY STATE	ZIP CODE				
Name of Bank, Depository, etc.						
Mailing Address						
	CITY STATE	ZIP CODE				